0062

Clinical effectiveness of the systematic use of the GRACE scoring system for ischaemic outcomes and bleeding complications in the management of NSTEMI

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Objectives: We assessed the interest of systematically using the GRACE scoring system (in addition to clinical assessment) for in-hospital outcomes and bleeding complications in the management of NSTEMI compared with clinical assessments alone.

Methods: Multicentre, randomized study that included 572 consecutive NSTEMI patients, randomized 1:1, into group A: clinical stratification alone and group B: clinical+ GRACE score stratification.

Main Outcome Measures: In-hospital outcomes and bleeding complications.

Results: There was no significant difference between the two groups for baseline data or for in-hospital MACE. In multivariate analysis, only a GRACE>140 (OR: 3.5, 95% CI: 1.8-6.6, p<0.001) and PCI (OR: 0.55, 95% CI: 0.3-1.0; p=0.05) were independent predictors of in-hospital MACE. The sub-analysis of group B showed that 56 patients (20%) were given a compliance score of 0, showing that diagnostic angiography was performed later than as recommended by the guidelines. Interestingly, 91% had a Grace score>140, and these patients were significantly older, and were more likely to have a history of diabetes, stroke and renal failure, together with symptoms of heart failure. After multivariate analysis, the independent predictors of a lack of compliance with guideline delays were a GRACE score>140 (OR: 9.2; CI: 4.2-20.3, p<0.001) and secondary referral from a non-PCI cardiology department (OR: 2.7; CI: 1.4-5.2, p=0.003).

Conclusions: In a real-world setting of patients admitted with NSTEMI, the systematic use of the GRACE scoring system at admission in the PCI centre does not improve in-hospital outcomes and bleeding complications.

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Increased rate of admissions for non pharmacological iatrogenic cause in coronary care unit over the last 5 years: a prospective study

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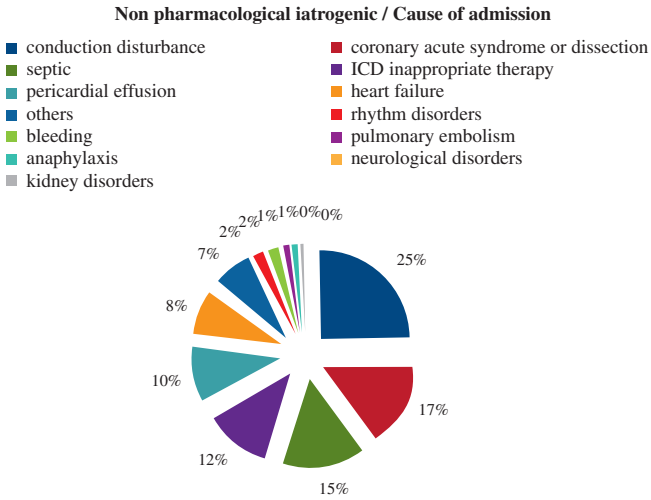
Introduction: Iatrogenic complications are defined as adverse reactions that can be induced by non pharmacological cause, including cardiac devices or stimulation techniques. The use of cardiac devices has considerably increased over the last decade. However, only few data are available on non pharmacological iatrogeny (NPI) as cause of admission in coronary care unit (CCU). In patients admitted in CCU for iatrogenic, we aimed to determine the prevalence, characteristics and outcomes of NPI.

Methods: From 1st April 2008 to 31st December 2013, all the consecutive admissions at the coronary care unit caused by NPI defined as pacemaker (PM), Implantable Cardioverter Defibrillator (ICD), radiofrequency ablation (RFA), coronary angiography, valve surgery or transcatheter aortic valve implantation (TAVI) and any other cardiac procedure were prospectively included. Patients with NPI were compared with the other patients.

Results: Among the 11503 patients admitted in CCU over the inclusion period, 225(2%) had NPI. The major cause of admission was conduction disturbance, and acute coronary syndrome or dissection (figure).The most frequent origin was coronary angiography (25%), valve intervention (22%), PM (19%), ICD (18%). The number and rate of admission for NPI markedly increased from 2008(n= 15(1,1%)) to 2013(n=52(2,6%)) .This trend was mostly linked to the increase between 2008 and 2013 in new devices such as ICD (n=4 vs n=10), TAVI (n=0 vs n=4) and RFA (n=0 vs n=2). The intra-hospital mortality was stable during this period for the overall patients and patients with NPI (8% and 7%).

Conclusion: Non pharmacological iatrogeny represents a non-negligible cause of admission in CCU, characterized by a increased rate of complications due to new techniques over the last 5 years. Multicentric studies are needed to investigate this public health issue.



Abstract 0121 – Figure

0124

Evaluation of cannabis abuse and epidemiology in 61 young adults aged less than 35 years old hospitalized for acute coronary syndrome

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Evaluation of cannabis abuse and epidemiology in 61 young adults aged less than 35 years old hospitalized for acute coronary syndrome.

Introduction: before the age of 35, acute coronary syndrome (ACS) are rare. Their epidemiological characteristics are unique.

Methods: this is a retrospective single-center study at the University Hospital of Brest of patients aged less than 35 years old hospitalized between 01/01/1998 and 31/12/2010 for ACS with or without ST segment elevation. The initial clinical and angiographic data were collected frommedical records. In a second phase, a questionnaire was sent to everypatient to determine their cannabis use at the the time of the onset ofthe ACS.

Results: 61 patients were included (89,6% male). The mean age of the patients was 31.04+ – 3 years old. Conventionnal cardiovascular risk factors were active smoking in 86.9% of cases, coronary heredity in 40.9% cases and dyslipidemia in 40.9% of patients. There was history of stressin 37% of cases and a regular cannabis use in 22.9% of patients. The STelevation ACS accounted for 68.8% of cases. They occurred during an effort in 14.8% of cases and patient were often inaugural (68.8%). In most of cases, patients had single vessel disease (61.7%), multivessel disease was found in 24.1% of cases. The left anterior descending (LAD) was affected in 58.6% of cases, the circumflex artery (CX) in 17% and right coronary artery (RCA) in 24.6% of cases. The coronarography was normal in the ten patients who were significantly more often cannabis smokers (50%, p<0.05). Angioplasty was the most common method of revascularization (62.7%) with bare metal stents for